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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

NONE ACH 24 Nov. 2004

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

SWEDEN 0202106-1 07/05/2002 ACH 24 Nov. 2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/24/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged: <u>ACH</u> Examiner's Signature Initials	SWEDEN	9	20	2

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## TITLE

Radiation therapy device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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